

BEST AVAILABLE COPY

**CLAIMS ONLY**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4						
5						
6						
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8	/					
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42	/					
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	99					
TOTAL CLAIMS	42					

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS